



Global AIDS Program

Country Profile — *Cambodia FY2004*

Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.



HIV/AIDS Situation in Cambodia

HIV Infected: 123,100¹
AIDS Deaths: 17,900¹
AIDS Orphans: Not available

Among countries in Asia and the Pacific, Cambodia has the highest reported adult HIV prevalence. At the end of 2003, an estimated 123,100 adults (persons aged 15-49 years) were living with HIV/AIDS in Cambodia. In 2003, an estimated 8,000 adults became newly infected with HIV and 17,900 living with HIV were estimated to have died. In 2003, the overall HIV prevalence among adults was 1.9 percent, which represents a decline from a peak of 3.0 percent in 1997.

An estimated 47 percent of adults living with HIV in 2003 were female and 2.2 percent of women attending antenatal clinics were found to be infected with HIV. The HIV epidemic in Cambodia has been attributed primarily to heterosexual contact. HIV prevalence among drug users and men who have sex with men (MSM) is not currently known; inclusion of these groups is planned or under consideration for future sexually transmitted infection (STI) and HIV Sentinel Surveys.

About GAP Cambodia

Year Established: 2002

FY04 Core Funds: \$2 million US

In-country Staffing: 2 CDC Direct Hires; 10 Locally Employed Staff; 4 Contractors

GAP Cambodia supports capacity building and institutional strengthening for the National Center for HIV/AIDS, Dermatology and STDs (sexually transmitted diseases), the National Center for Dermatology and STI, the National Institutes of Health and integrated activities of the Banteay Meanchey provincial AIDS program. Key technical areas supported include surveillance, blood safety, laboratory quality, care and treatment of HIV/Opportunistic Infections (OIs), monitoring and evaluation (M & E), testing and counseling, prevention of mother-to-child HIV Transmission (PMTCT), STI, and tuberculosis (TB)/HIV through skills training, mentoring and guideline and policy development.

Challenges to Program Implementation

The rapid increase of antiretrovirals (ARVs) and expansion of treatment programs has resulted in an acute shortage of adequately trained health service delivery staff to implement ARV treatment (ART) programs. Basic inventory and supply systems do not function adequately to ensure materials, supplies, basic lab support and medications necessary to maintain expanded program activities. In addition, weaknesses in procurement, accounting and management are exacerbated by the influx of relatively large sums of money from donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Website:
www.cdc.gov/gap



¹ HIV Sentinel Survey, 2003



FY2004 GAP Cambodia Achievements

Number of individuals who received counseling and testing at CDC/GAP-supported sites	11,193
Number of country nationals trained in the provision of laboratory activities	370
Number of HIV tests performed at CDC/GAP-supported laboratories	34,383
Number of individuals trained in surveillance methods and operations	63
Number of individuals trained by CDC/GAP for a technical program area	1,017
Number of organizations/agencies receiving CDC/GAP support for monitoring and evaluation activities	

Data above are from GAP Cambodia's 2004 Annual Report.

Critical Interventions for HIV/AIDS Prevention

- ◆ Assisted with the expansion of voluntary HIV counseling and testing (VCT) programs across the country. By the end of September, 13.2 percent (n=11,193) of the country's total VCT administered HIV tests were performed in GAP supported sites.
- ◆ Conducted an evaluation of HIV rapid test kits to recommend appropriate and simple rapid HIV test algorithms for use in VCT, PMTCT, TB/HIV and other diagnostic purposes in Cambodia.
- ◆ Established a training and treatment center at the National Center for Dermatology and STI.
- ◆ Conducted a rapid assessment of drug use and HIV vulnerability in Phnom Penh and Poipet, using International-Rapid Assessment, Response, and Evaluation methodology

Critical Interventions for HIV/AIDS Treatment and Care

- ◆ Established two pilot PMTCT project sites in Banteay Meanchey, testing almost 2,000 women for HIV (representing a combined participation rate of 71 percent among ANC attendees) in this inaugural year. Field tested the World Health Organization (WHO)/CDC generic PMTCT training curriculum which is currently being considered for adoption as part of the recommended National PMTCT curriculum.
- ◆ Conducted reviews of the four national pilot TB/HIV projects. Recommendations have informed national TB/HIV program guidelines and resulted in additional project funding through an Interagency Agreement with the U.S. Agency for International Development (USAID).
- ◆ Provided formal training and mentoring in treatment and care of OIs and ART to clinical staff in Banteay Meanchey districts.
- ◆ Facilitated and provided technical expertise in development of national guidelines for the management of post-exposure prophylaxis, OI prophylaxis and ARV treatment.
- ◆ Conducted a National Laboratory Quality Systems Workshop, bringing 95 laboratorians throughout the region for training on developing quality systems in the laboratory setting.

Critical Interventions for HIV/AIDS Surveillance and Infrastructure Development

- ◆ Completed HIV Sentinel Survey 2003 with revised protocols including use decentralized rapid testing and quality control using dried blood spot technology.
- ◆ Developed an STI Survey protocol which will include HIV testing of MSM recruited through respondent driven sampling.
- ◆ Supported training of more than 1,128 government counterparts in a wide range of technical areas including VCT counseling and laboratory techniques (128 trained); blood safety and clinical laboratory testing, techniques and specialties (400 trained); STI management (169 trained); drug user survey techniques (57 trained); universal precautions (18 trained); ANC, birth spacing, counseling, PMTCT Generic Curriculum (78 trained); TB/HIV (168 trained); management of OIs and ART for adults (25 trained); epidemiology and surveillance (63 trained); and M&E (21 trained).
- ◆ Provided technical and financial support for the National Center for HIV/AIDS, Dermatology and STDs annual planning workshop. Representatives of all Provincial Health Departments and Provincial AIDS Offices and agency representatives participated.
- ◆ Supported development and consensus-reaching on the Ministry of Health Strategic Plan for HIV/AIDS and STI Prevention and Care 2004-2007, following a comprehensive national review of the preceding Strategic Plan.

